



DEPARTMENT OF PLANNING & BUILDING

BUILDING DIVISION

276 Fourth Avenue Chula Vista CA 91910

619-691-5272

619-585-5681 FAX

ROOF COVERING – CERTIFICATION OF INSTALLATION

FORM 4534

The roof covering applied to the structure located at the address indicated below must comply with the current Uniform Building Code standards or approved testing agency standards. This certification report must be completed by the contractor and posted with the inspection record card prior to final inspection.

Permit number: _____

Address: _____

City, State, Zip: _____

Roofing manufacturer: _____

Listing Agency: _____

Listing Agency approval number: _____

Manufacturer's specification of type: _____

Roofing type: _____ Roof Slope: _____

Fire retardant: Yes _____ No _____ Not req'd _____

Fire rating class: _____

INSTALLATION:

I hereby certify that the roof installed at the above listed address does comply with the approved plans, manufacturer's installation standards and all listing requirements.

Contractor's Signature

Date

Contractor's Company Name

Contractor's Company Address

Contractor's Company Telephone Number

Contractor's Calif. State License #

Original – Project

Copy – Contractor/Installer

Copy – Building Department